

Identification	Offender's Name (Last, First, Middle) McNIGHT, Edward J.		Date of Birth 2/14/69	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Form 1 of 2
	State ID Number	Police Photo ID Number	Social Security Number -5701	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian <input type="checkbox"/> Other	
	Judge's Name LOBAUGH, OLIVER		County Venango	Person Completing Form Danzer	Date of Sentence 10/20/98

☐ Check box if same Prior Record Score information is found on another form from this judicial proceeding. Do not enter information again, give Commission Form ID # from other form.

	Juvenile Adjudication	Adult Conviction
Murder & Inchoates		
Vol. Manslaughter		
Rape		
Kidnapping		
I.D.S.I.		
Arson (F-1/person)		
Robbery (SBI)		
Rob. Motor Veh (SBI)		
Agg. Assault (SBI)		
Drug Del. Death		
Burglary (house/person)		
Ethnic Intimidation to F1		

Add # of offenses in each block & enter sum: A

	Juvenile Adjudication	Adult Conviction
Inchoate to 4 pt. off's		
Arson (F1/no person)		
Robbery (other F1)		
Robbery Motor Vehicle (no SBI)		
Agg. Assault (att. SBI)		
Burglary (other F1)		
Agg. Indecent Assault		
Sexual Assault		
Other Felony 1s		

Add # of offenses in each block & enter sum: B

	Juvenile Adjudication	Adult Conviction	Sum
Felony 2s		5	10
Fel. Drugs [≥ 50gr.]			
Other Felony drugs			
Felony 3s			
M1 - Death			
M1 - Weapon			
M1 - Children			
M1 - DUI			

Add # of offenses in each block & enter sum: C

	Juvenile Adjudication	Adult Conviction	Sum
Other Misd.	0-1=0	4-6=2	
	2-3=1	7+=3	

PRIOR RECORD SCORE:
If A is 8 points or greater, and the OGS = 9 or more:
Otherwise, if A + B is 6 points or greater:
Otherwise, PRS = A + B + C (maximum = 5):

PRS = REVOC
PRS = RFEI
PRS =

Current Offense	Offense Name/Description Forgery	Date of Offense 7/14/97
	Title & Section 8.4101(a)(2)	Booklet # 183-98
	Grade F3	County 1
	OGS 3	PRIS RFEI
	OGN F053834-4	

GUIDELINE RANGES	Mitigated	Standard	Aggravated	LEVEL
	9-12	12-18	18-21	

Mandatory minimum, if applicable: _____

MANDATORY	<input type="checkbox"/> None <input type="checkbox"/> Drugs to Minors (18-6314) <input type="checkbox"/> Drug Trafficking (18-7508) <input type="checkbox"/> Visible Firearm (42-9712) <input type="checkbox"/> Two/Three Strikes (42-9714) <input type="checkbox"/> Elderly (42-9717) <input type="checkbox"/> Children (42-9718) <input type="checkbox"/> DUI (75-3731) (below): ____ 1st ____ 3rd ____ 2nd ____ 4th+ <input type="checkbox"/> Other _____	ENHANCEMENT <input type="checkbox"/> None <input type="checkbox"/> Deadly Weapon/Possessed <input type="checkbox"/> Deadly Weapon/Used Weapon: Type: _____ <input type="checkbox"/> Youth/Drug Distribution <input type="checkbox"/> School/Drug Distribution
		OTHER INFORMATION <input type="checkbox"/> Drug Dependent <input type="checkbox"/> IP Eligible <input type="checkbox"/> Boot Camp Eligible <input checked="" type="checkbox"/> PSI Completed <input type="checkbox"/> D&A Eval. Completed <input type="checkbox"/> Sexually Viol. Predator

CONFINEMENT/INTERMEDIATE PUNISHMENT

☒ Confinement/State Facility Boot Camp Authorized ☐ Yes ☐ No
☐ Confinement/County Facility Work Release Authorized ☐ Yes ☐ No

Minimum: **16** [mos.]
 Maximum: **84** [mos.]
 Credit for Time Served: _____ [days]

☐ Intermediate Punishment
 RIP Period: _____ [mos.]
 Program(s): _____
 RS Period: _____ [mos.]
 Program(s): _____


If DRUG DEPENDENT: is IP consistent with clinical recommendation? ☐ Yes ☐ No

RESTORATIVE SANCTIONS

☐ Probation Period: _____ [mos.]
 Condition(s): _____

☐ Fines [Amt.] \$ _____
☒ Restitution [Amt.] \$ **159.17**
☒ Costs [Amt.] \$ _____
☐ Guilty without further penalty [NFP]

GUIDELINE CONFORMITY <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Aggravated <input type="checkbox"/> Mitigated Departure <input type="checkbox"/> Below <input type="checkbox"/> Above Write reasons on back of form.	CONCURRENT/CONSECUTIVE This sentence is: <input type="checkbox"/> Concurrent to: <input checked="" type="checkbox"/> Consecutive to: CR 183-98 <input type="checkbox"/> TOTALLY CONCURRENT
---	--

TYPE OF DISPOSITION <input checked="" type="checkbox"/> Neg. Guilty Plea <input type="checkbox"/> Non-Neg. Guilty Plea <input type="checkbox"/> Bench Trial <input type="checkbox"/> Jury Trial <input type="checkbox"/> Nolo Contendere <input type="checkbox"/> Other	JUDGE'S SIGNATURE  DATE 10/20/98	PLEASE INDICATE THE CUMULATIVE SENTENCE IMPOSED DURING THE JUDICIAL PROCEEDING: Minimum Confinement: 30 [mos.] Maximum Confinement: 144 [mos.] Other: _____ [mos.]
--	--	--